

TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 - 0 0 - 6

2. STATE:

Washington

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

1/1/01

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 01 \$ 310,910

b. FFY 02 \$ 435,345

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 2.6 - A  
Page 89. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):Supplement 1 to Attachment 2.6 -  
Page 8

10. SUBJECT OF AMENDMENT:

Medically Needy Standards

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

DENNIS BRADDOCK

14. TITLE:

SECRETARY

15. DATE SUBMITTED:

3/22/01

16. RETURN TO:

Department of Social and Health Services  
Medical Assistance Administration  
623 8th Ave SE MS: 45500  
Olympia, WA 98504-5500

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WASHINGTONINCOME LEVELS (Continued)

## D. MEDICALLY NEEDY

x Applicable to all groups.         Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1) Family Size	(2) Net income level protected for maintenance for <u>3 or 6</u> months	(3) Amount by which Column (2) exceeds limits specified in CFR 435.1007 <sup>1/</sup>	(4) Net income level for persons living in rural areas for <u>  </u> months	(5) Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007 <sup>1/</sup>
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   Urban onlyX Urban & rural

1	\$ 556	\$	\$	\$
2	\$ 592	\$	\$	\$
3	\$ 667	\$	\$	\$
4	\$ 742	\$	\$	\$

For each  
Additional  
Person,  
Add:

   \$         \$         \$         \$   

<sup>1/</sup> The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN # 01-006

Supersedes:

TN # 00-003Approval Date: 3-27-01Effective Date: 1/1/01